

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34391

1. PLACE OF DEATH

County St. LouisTownship CarondeletCity Jefferson Barracks, Mo.Registration District No. Missouri 1123Primary Registration District No. 6248 B

Veterans Administration Facility.

File No.

Registered No. 338St. Ward 2. FULL NAME John KIMBALL(a) Residence, No. Excelsio, Missouri St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. - ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mrs. Nora Kimball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 4, 1886

7. AGE

YEARS

47

MONTHS

4

DAYS

26

If LESS than 1
day,hrs.
ormin.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farmer.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

-

10. Date deceased last worked at
this occupation (month and
year) Oct. 1 yrs. ago.11. Total time (years)
spent in this all life
occupation all life12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Holden,
Missouri.

FATHER

13. NAME

Charles Kimball

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri.

MOTHER

15. MAIDEN NAME

Anna Haggard

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Louisville,
Kentucky.17. INFORMANT C. H. SMITH, M.D., Clinical Director.

(ADDRESS)

Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Excelsio MO DATE 10-31- 1933

19. UNDERTAKER

(ADDRESS)

Wm. J. Sullivan
4207 Lindell

20. FILED

Oct 31 1933 L. C. O'neal
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30, 193322. I HEREBY CERTIFY, That I attended deceased from
February 24, 1933 to October 30, 1933I last saw him alive on October 30, 1933 Death is saidto have occurred on the date stated above, at 7:40 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic,

Date of onset

far advanced, active

Unk.

Other contributory causes of importance:

23. Name of operation Clinical physical x-ray Date of What test confirmed diagnosis? findings. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) W. C. GIBSON, M.D., Manager, M. D.(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

